

Stark Opening Statement At Hearing On Comparative Clinical Effectiveness

Monday, 11 June 2007

Representative Pete Stark (CA-13), delivered the following opening remarks at today's hearing on strategies to increase research and information on comparative clinical effectiveness.

FOR IMMEDIATE RELEASE, Tuesday, June 12, 2007

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STARK OPENING STATEMENT AT HEARING ON COMPARATIVE CLINICAL EFFECTIVENESS

WASHINGTON, D.C. -- Representative Pete Stark (CA-13), Chairman of the Ways and Means Health Subcommittee, delivered the following opening remarks at today's hearing on strategies to increase research and information on comparative clinical effectiveness.

"Good Morning. Today is another in our series of hearings on how to improve Medicare. Today we'll focus on long-term solutions to increase and assure the value of our health care expenditures -- in Medicare and elsewhere -- by increasing research on comparative clinical effectiveness.

"Comparative clinical effectiveness means comparing the relative value of different clinical treatments, including drugs, devices, tests, procedures, bandages, pills and anything else you want to take and try to get a comparative ranking. All too often physicians and patients struggle to understand when a new product, diagnostic test or surgical procedure will be most helpful, or how to choose among existing courses of treatment.

"Given the dearth of good information on comparative clinical effectiveness, it's hardly surprising that GAO and MedPAC find dramatic variation in the use of medical services across regions, providers and

specialties. Even worse, researchers find that areas with the highest use of some services aren't necessarily linked to higher quality care or better outcomes. To the contrary, beneficiaries may be put at greater risk when they are subjected to more -- and more complicated -- tests and treatments.

"As Medicare's Board of Directors, Congress needs to ensure that Medicare resources are being used effectively and efficiently to provide high quality care and achieve the best possible outcomes. Getting reliable, unbiased comparative information is our best shot at controlling health spending while improving care and access. Even if Dr. Orszag won't give us savings immediately for our efforts, we can identify ways we can get the information we need to achieve this important goal, and lay the groundwork for a more efficient, effective system.

“Health policy experts across the political spectrum advocate that comparative information is sorely needed for the public good. They argue that greater investment in comparative effectiveness research is critical to assuring high-quality care and reducing unnecessary expenditures. Better information about the relative strengths and weaknesses of various products, procedures and services will help physicians and patients make wise decisions and will help public and private payers equitably manage rising health care costs.

“Many countries have already made major investments to provide this information to physicians, patients, and policy makers. It’s high time that we do the same!

“Many of my colleagues urge that we should “pay for performance.” We already do that — providers perform, and we pay. It’s just that we pay the same whether the service is done on the right people at the right time -- or the wrong people at the wrong time! We really have to know what the effective and appropriate services are before we can know how to reward the care that achieves the best outcomes.

“Various authorities both within and outside government have called for a substantial national investment in comparative effectiveness information, and have identified issues and options to help us determine optimal financing and governance for this activity. My personal preference is to move toward a system that is accountable, yet independent, and free from both industry and political influence. Let me repeat that, free from both industry and political influence. Both clinicians and patients need to be confident that this work has been done in the best interest of the patient. To me that points to a government-led effort.

“We are fortunate to have with us today some of the leading experts as well as representatives of the prominent stakeholders.

“I am particularly pleased to welcome our first witness, Congressman Allen from Maine, who been a leader within the House on the issue of comparative effectiveness, and has recently submitted legislation to address this problem. Subsequent witnesses will also enlighten us on this critically important strategy to improve health care in the US, and I look forward to their testimony and the ensuing discussion.

“Thank you.”